

DO/EO WORKSHEET

U.S. Appl. No.

10/518242

International Appl. No.

IB02/02237

Application filed by :

☐ 20 months☐ 30 months

WIPO PUBLICATION INFORMATION :

Publication No.:

WO 03/107647 A1

Publication Language :

☒ English ☐ Japanese

Screening Done by :

☐ German ☐ French ☐ Other :

Publication Date :

Dec 24, 2003

Not Published :

☐ U.S. only designated☐ EP request**JPL**

INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :



International Application (RECORD COPY)



Article 19 Amendments



PCT/IB/331



PCT/IPEA/409 IPER (PCT/IPEA/416 on front)



Annexes to 409



Priority Document (s) No. _____



International Appl. on Double Sided Paper (COPIES MADE)



Request form PCT/RO/101



PCT/ISA/210 - Search Report



Search Report References

Other : **301, 308, 332**

RECEIPTS FROM THE APPLICANT (other than checked above) :



Basic National Fee (or authorization to charge)



Description



Claims



Words in the Drawing Figure(s) - (# of dwgs. _____)



Article 19 Amendments

☐ english transl. of annexes NOT present☐ entered ☐ not entered :☐ not a page for page substitution☐ other : _____

Annexes to 409

☐ english transl. of annexes NOT present☐ entered ☐ not entered :☐ not a page for page substitution☐ other : _____

Preliminary Amendment(s) Filed on :

1. _____ 2. _____ 3. _____



Information Disclosure Statement(s) Filed on :

1. **Dec 16, 2003** 2. _____ 3. _____Assignment Document **8/10/05**

Power of Attorney/ Change of Address



Substitute Specification Filed on :

1. _____ 2. _____



Small Entity



Oath/ Declaration (executed)

☐ surcharge was paid at the time of filing

DNA Diskette



Sequence Listing



Other : 1. _____ 2. _____

NOTES :



I.A. used as Specification

☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Dec 16, 2004

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

102(e) Date

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

June 15, 2005

Date of Completion of DO/ EO 906 - Notification of Missing 102(e) Requirements

Date of Completion of DO/ EO 907 - Notification of Acceptance for 102(e) Date

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 911 - Application Accepted Under 35 U.S.C. 111

Date of Completion of DO/ EO 916 - Notification of Defective Response

Dec 23, 2005

Date of Completion of DO/ EO 920 - Notification to Comply w/ Seq. Requirements

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/518242</u>	
--------------------------	--	------------------------------------	--

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
			7 TOTAL AMOUNT OF REFUND \$ <u>100</u>

10 REASON:	8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment	<input type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> </tr> </table>	5	0	--	2	2	2	2
5	0	--	2	2	2	2		

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>John Andersen</u>	TITLE: <u>Paralegal Specialist</u>
SIGNATURE: <u>John Andersen</u>	PHONE: <u>308-9140 ext 211</u>
OFFICE: <u>PCT-DO/EO</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: